## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

SUITE 401

Principal Place of Business

JACKSONVILLE FL 32216

4540 SOUTHSIDE BOULEVARD

JACKSONVILLE LAW & TITLE, INC.

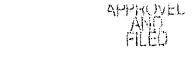


Mailing Address

4540 SOUTHSIDE BOULEVARD

SUITE 401

JACKSONVILLE FL 32216





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. Principal F	Place of Busin	iess	3. Mailing Address				:	
8596 ARLINGTON EXPRESSIVAY 8596 ARCINGTON EXPRESSI						COLEST VA	<b>+</b> у	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
SUTE 4			Some A				M CHECK HERE IF MAKING CHANGES	
City & State			City & State				4. FEI Number 59-3690335 Applied For	
JACKSONUTCLE FL			JARKSONVILLE FL				Inot Applicable	
Zip Country		Zip 32211	Zip Cour		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current R	egistered Agent	red Agent			7. Name and Address of New Registered Agent	
Name Coleran						snav	SEPARN ?	
CULEMAN, STEPHEN P ESQ Street Address (						ddress (P.C	O. Box Number is Not Acceptable)	
4540 SOL	JTHSIDE BO	DULEVARD		8591			RUNG FON EXPRESSIONS	
JACKSON	MILLE FL 3	2216		Sugar.			/	
				City			VILLE KE FL Zip gode 11	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept								
the obligations of registered agent.								
10/-5/13								
SIGNATURE								
FILE NOW!!! FEE IS \$150.00								
After May 1, 2003 Fee will be \$550.00							9. Election Campaign Financing \$5.00 May Be	
	• •	Florida Department of	State	,			Trust Fund Contribution.   Added to Fees	
10. OFFICERS AND DIRECTORS 11.							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Р		☐ Delet			28	□ Addition	
NAME	COLEMAN	, stephen P esq	<u> </u>	NAF		, - '		
STREET ADDRESS					STREET ADDRESS 855		ARCINGEON SUPECISMAY SUTTA	
CITY-ST-ZIP		VILLE FL 32216		CIT	Y-ST-ZIP		150NUILLE FZ 32111	
TITLE	D	<del></del>	□ Delet	ie TITI	 LE	DST	☐ Change 🄀 Addition	
NAME	COLEMAN	, stephen P esq		NA	ME	COLEN	NAN ZULENA	
STREET ADDRESS		THSIDE BOULEVARD		STR	REET ADDRESS	8596	ARCINOSON EXPRESSIVAY STITE A	
CITY-ST-ZIP	JACKSON'	VILLE FL 32216		CIT	Y-\$T-ZIP	TACK	450NUILLE FE 3221/	
TITLE		<del></del>	☐ Delet	e TITI	LE		☐ Change ☐ Addition	
NAME	]			NAI	ME	]	600018303836	
STREET ADDRESS				STR	REET ADDRESS	1	05/06/0301096006 **900.00	
CITY-ST-ZIP	L			CIT	Y-\$T-ZIP	<u></u>		
TITLE			☐ Delet	e TITI	Ę		☐ Change ☐ Addition	
NAME				, NAM	ΜE	}		
STREET ADDRESS				STR	EET ADDRESS			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a statute of the corporation of the corporation or the receiver or trustee empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

SIGNATE REQUIRED SIGNATURE AND TYPED BEAUTIED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Change

☐ Change

☐ Addition

☐ Addition